



# 317 ADULT HEPATITIS B VACCINE INITIATIVE VENUE REPORTING

State Form 54050 (8-09)

Indiana State Department of Health, Immunization Program

- INSTRUCTIONS:
1. Complete and return this form to the Indiana State Department of Health (ISDH) Immunization program.
  2. This form should be completed by all facilities utilizing 317 vaccine. For example, if an STD clinic receives 317 vaccine distributes the vaccine to another venue (i.e. prison, then both venues should submit a completed form.
  3. Fax to Attn: Adult Immunization Coordinator (317) 233-3719.

## A. Provider Information

Date (month, day, year) \_\_\_\_\_

Facility Name \_\_\_\_\_ Provider PIN \_\_\_\_\_

Contact Name(s) \_\_\_\_\_ Title \_\_\_\_\_

Address (number and street) \_\_\_\_\_

City \_\_\_\_\_ ZIP Code \_\_\_\_\_ County \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

## B. Reporting

1. Approximately how many total client visits were there in this venue during **Jan to Dec 2006**? \_\_\_\_\_
2. Approximately how many total client visits were there in this venue during Jan to Dec 20\_\_? \_\_\_\_\_
3. Did this venue provide Hepatitis B or Combination (A & B) vaccine to adults during **2006**? ☐ Yes ☐ No
4. If yes, how many doses were ordered from **Jan to Dec 2006**? Hepatitis B \_\_\_\_\_ Combination (A&B) \_\_\_\_\_

## C. Vaccine Ordering and Administration Data

Report for Month \_\_\_\_\_ Year \_\_\_\_\_

	Hepatitis B	Combination (A&B)
How Many doses of vaccine did you order this month?		
How many doses administered this month?*		
How many doses do you have on hand?		

\*This number can be from the Venue Daily Tally Sheet total or the venue's vaccine or inventory tracking system.

Fax completed form to (317) 233-3719 by the 8<sup>th</sup> of each month.

VENUE DAILY COUNTING SHEET

Part of State Form 54050 (8-09)

INSTRUCTIONS:    1. *Place this sheet in room where vaccine is stored (i.e. refrigerator) and place a hash/tally mark for each dose of vaccine administered.*  
                          2. *This information will be used to complete the Venue Reporting form.*  
                          3. *This form does not need to be returned to ISDH.*

Monovalent Hepatitis B Doses Administered	Total

Combination (A& B) Vaccine Doses Administered	Total